



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Bureau for Public Health
Commissioner's Office

Bill J. Crouch
Cabinet Secretary

Catherine C. Slemp, MD, MPH
Commissioner & State Health Officer

MEMORANDUM

DATE: May 7, 2019

TO: Dr. John Lea
Medical Director
24th World Scout Jamboree

FROM: Catherine Slemp, MD, MPH *CCS*
Commissioner and State Health Officer
West Virginia Bureau for Public Health

RE: Measles Vaccination Recommendations for 2019 World Scout Jamboree

Mass gatherings, like the World Scout Jamboree, create an environment that increases the risk for infectious disease occurrence and transmission due to overcrowded conditions, limited hand hygiene facilities and compromised personal hygiene practices. Multiple countries including the U.S. are experiencing large measles outbreaks; from January 1, 2019 to May 3, 2019, 764 individual cases of measles have been confirmed in 23 states. This is the greatest number of cases reported in the U.S. since 1994 and since U.S. measles transmission was eliminated in 2000. Most measles cases in the U.S. resulted from unvaccinated travelers who got measles abroad and brought it back to the U.S. Further spread of measles has occurred in U.S. communities with pockets of unvaccinated people.

Measles is a highly contagious disease caused by a virus that lives in the nose and throat secretions of an infected person. It can be spread through coughing and sneezing. Measles virus can live up to two hours in an airspace where the infected person coughed or sneezed. Measles is so contagious that, if one person has it, up to 90% of the people in close contact to that person who are not immune will also become infected. Measles can be serious causing hospitalization in about 1 out of 4 people due to dangerous complications including pneumonia, brain damage and deafness. For every 1,000 children who get measles, one or two will die from it.

The good news is measles can be prevented with a safe, effective, and inexpensive vaccine. The World Health Organization recommends immunization for all susceptible children and adults for whom the measles vaccine is not contraindicated.

Because of the highly contagious nature of measles and significant morbidity and mortality measles could have on attendees of the 2019 World Scout Jamboree, the West Virginia Bureau for Public Health is providing the following strong recommendations for all attendees:

1. All attendees should have received 2 doses of measles vaccine either alone or in a measles-rubella (MR), measles-mumps-rubella (MMR), or measles-mumps-rubella-varicella (MMRV) combination or should otherwise meet the requirements for presumptive immunity prior to attendance at the World Scout Jamboree.

- U.S. based children 12 months of age and older should have received age appropriate measles vaccination up to 2 doses of MMR vaccine, separated by at least 28 days.
 - U.S. teenagers and adults who do not have evidence of immunity against measles should have received 2 doses of MMR vaccine separated by at least 28 days.
 - International attendees should have received 2 doses of measles containing vaccine separated by at least 28 days in accordance with locally available formulations.
 - The only exceptions to vaccination should be those in whom measles vaccine is medically contraindicated in accordance with guidelines from the Centers for Disease Control and Prevention <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm>.
2. Acceptable presumptive evidence of immunity against measles includes at least one of the following:
- Written documentation of adequate vaccination:
 - One or more doses of a measles-containing vaccine administered on or after the first birthday for preschool-age children and adults not at high-risk.
 - Two doses of measles-containing vaccine for school-age children and adults at high-risk, including college students, healthcare personnel, and international travelers.
 - Laboratory evidence of immunity
 - Laboratory confirmation of measles
 - Birth before 1957
3. Some U.S. adults may have received a killed measles vaccine during the 1960's. The killed measles vaccine was available from 1963 to 1968 and administered to less than 5% of adults. The recommendation is to re-vaccinate anyone who received the killed vaccine.

If you have any questions or need additional clarification, please contact the West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Epidemiology & Prevention Services at (304) 558-5358, ext. 1, or 1 (800) 423-1271.